

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/018119	FILING DATE
APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	0		/			
4	0		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
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50						
TOTAL IND.	/					
TOTAL DEP.	9					
TOTAL CLAIMS	10					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
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TOTAL CLAIMS					